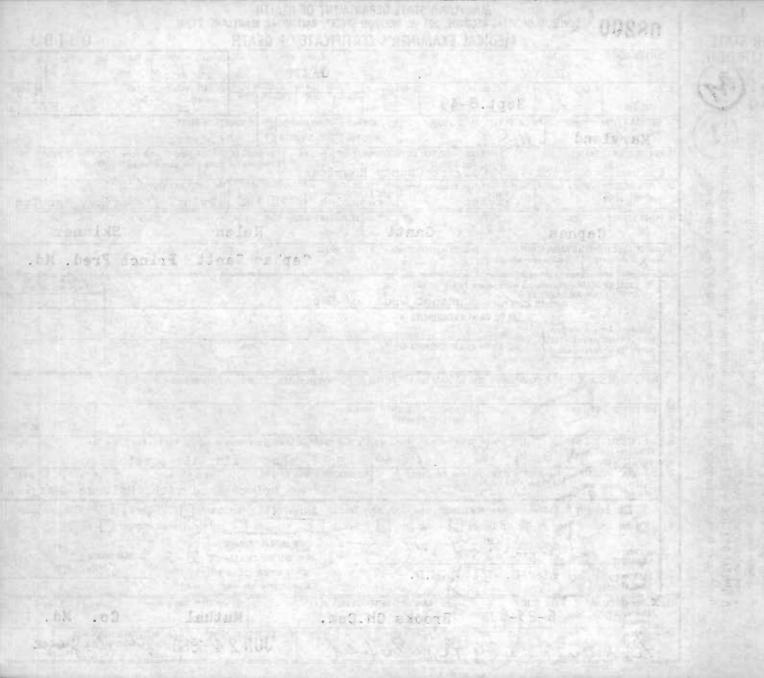
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MARYLAND STATE DEPARTMENT OF HEALTH 08199 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08192 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH filled in by the funeral popers. Pages 1 and 2 thin X2 Hours after death. 1 and 2 er death. 24 hours after deoth JUNE Manth 21 Day 69 Year (Type or print) 7 30 M CLARK 5. DATE OF BIRTH IF LINDER 24 HRS. 6. AGE (In years IF LINDER 1 YEAR 3 SEX last birthday) DAYS HOURS Fomale 4-6-80 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) DIVORCED [U.S. A WIDOWED [CALVERT COUNTY ottending physician ond completely filled, permit. Then please remove corbon pope 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH within give street address) during mast af working life, even if retired.) INDUSTRY burial, cremation, or removol, and in any event, wit FREDERICK HOUSE WIFE CALVERT HOUSE, INC. 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY YES T NO OWINGS CALVERT 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last LEfferson Rector 16b. SOCIAL SECURITY NO. Address 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, na, ar unknawn) 0991178 Thomas E Same CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ; burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retoined by the hospital or ottending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use os the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION CAUSES OF DEATH? YES T NO P 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Por OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Day Year detached f (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at wark causes stated above, (1) (we) (did) (did nat) view the body ofter death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING MED. DIRECTOR DEGREE director, page should be filed 22d. PHYSICIAN'S 22e. ADDRESS hed. IZUOJAMA. NAME (Type) BDINCE 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE (Caunty) 23a. BURIAL, CREMATION, REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR VR A15 4

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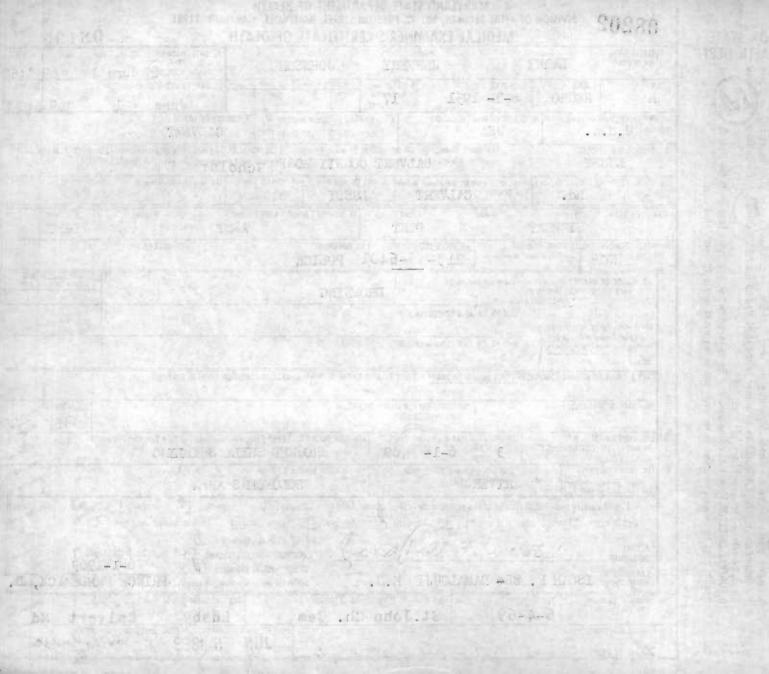
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FOR STATE	00	200	MEDICAL EXAM	MINER'S	ERTIFICATE	OF DEAT	H		081	193
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Poge to	3. SEX	JERO	ME 1 5. DATE OF BIRTH	6. AGE (In years	GAN I IF UNDER 1 YEAR	TT IF UNDER 24 HRS.		ONOUNCED DEAD	19	111
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I within 24 in pencil in Examiner's File pages 77 hours		eceased EVER IN U.S. ARMED FO or unknown) (If yes give wi	PRCES? or or dates of service)	CURITY NO. 5	17. INFORMANT	ephas (antt	Prince	Fred.	Md.
nould be executed word "pending" in the Chief Medical Errial-transit permit. Fin any event within	Cond rise t stotii last.	PART I. DEATH WAS CAUSED IMMEDIAT itions, if ony, which gove to immediate couse (o), and the underlying couse	one cause per line for (o), (b). BY: E CAUSE (o) Gunsh. DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE CONTRIBUTING TO DEATH	ot Wound JENCE OF	of Head	DISEASE OR CONDI	TION GIVEN IN E	PART 1(o)		MATE (MTERVAL NISET AND DEATH
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JICAL EXAMINER: iny, pleose execute the certification director. Poge 4 should be retained for your files. RAL DIRECTOR: Poge 3 should prior to buriol, cremotion,	PRIM CAU 21d. 1 21d. 1 ACT SIG	22a. I certify that I ta death resulted fram: UAL NATURE	ACE OF INJURY (At home, form only, office building, etc.) tavern	of 19 69 street, described about ,	ve, held an Aut Suicide , M.D. A	shot du et or R.F.D. No. Princ	cring al City or ce Frede Inspection Undete Undete CEXAMINER AMMINER	Tercatio Town erick, Ca], Inquiry [rmined manner	n (county 1vert,)	Stote Marylan my opinion
TO DEP necessor the fur 5 moy TO FUNE	23o XURI	AL, CREMATION, 23b. I		ooks C	RY OR CREMATORY	2	3d. LOCATION ((County)	(Stote)
VR A15ME (5) 10M REV. 1/68		PAL DIRECTOR Entrey E.	Soevell Pri	address uce Troy	1. pd.	250. REC'D 8Y DATE	REGISTRAR 198	25b. REGISTRAR	S SIGNATURE	ege.



0.1		MAKYLA	ND STATE DEPARTMENT OF	HEALTH	
THE	08201	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAI	LTIMORE, MARYLAND 21201	
			CERTIFICATE OF DEATH		08194
€ 1.	DECEASED-NAME First (Type ar print)	// Middle	Last 1	20. DATE OF DEATH Montb	2b. HOUR
5	Ne.	/e B,	00/05/e/n	months /	5 19699:45PI
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE	WHITE	DECEMBER 7,	1884 84 YRS	
C	o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	RUSSIA	U.S.A.	WIDOWED DIVORCED	CALVERT	M
59). CITY OR TOWN OF DEATH	give street oddress)	NSTITUTION (If nat in hospital NTY HOSPITAL during	WAL OCCUPATION (Kind of work done most of warking life, even if retired.) HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY AT HOME
14 00	a. USUAL RESIDENCE (Where deceosemissian) STATE MARY LAND	led lived, if institution: Residence before 13b. COUNTY CALVERT		Y LIMITS? 13e. STREET AND NUMBER	
3/ /	4. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
/	UNKNO	WN		UNKNOWN	
1	6a. WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	
	Yes, na, ar unknown) (If yes give v	val al agues di service)	MR. HERBERT G	OLDSTEIN, CENTREV	
	18. CAUSE OF DEATH (Enter an	ly one couse per line for (a), (b), and (i) 0 10 10 10 10 10 10 10 10 10 10 10 10 1	· · ·	APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH
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	4109	DUE TO, OR AS A CONSEQUENCE O	Pac	7	1 50 C
	Canditians, if any, which gave inse to immediate couse (a),	(b)	ary vee	resear	gen 20,6
	stoting the <u>underlying couse</u>	DUE TO, OR AS A CONSEQUENCE O	ed Soleet	ic CV. Lesa	2 2
	PART 2. OTHER SIGNIFICANT COM	NOITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(a)	
10	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F		20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
1	19a. DATE OF OPERATION 19b.	COMPTION TOR WHICH OF EXAMON WAS I	YES NO [CALISES OF DEATHS	CONSIDERED IN CERTIFICITIO
				iter nature af injury in Port 1 ar Part 2	, Item 18.)
3	OR CONTRIBUTING CAUSE OF DEAT				
1		PLACE OF INJURY (AT HOME, FARM, STREET, I		No. City or Town	Caunty State
1	While Nat while at wark of work		16	1	
	22a. I certify that (I) (th	is hospital) attended the decea	sed fram , 19. 1964 and that in (my) (our) o e body after death.	68, to June 15, 1	9 <u>6</u> , that (I) (we) la
1	saw the deceased a	live on year of 5	. 19/24 _ rapid that in (my) (our) o	piñion deeth occurred on the c	lote ond hour ond from th
	22b. SIGNATURE	s, (i) (ye) (sha) (ala hoi) view iii		220	:DATE STENED
	Jage	18/1	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	6/15/69
	22d. PHYSICIAN'S NAME (Type)	C. JET	T MD 22e. ADDRESS :	, ,	5 md.
2	30. BURIAL, CREMATION, 23b.	DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
		17-69 BETH T	FILOH	BALTIMORE, MAR	RYLAND
2	4. FUNERAL DIRECTOR	ADDRES	CTAUNI DOND	BY REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE
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HEALTH DEPT. ≃ ≗ ቈ ¯		ECEASED-NAME Type or Print)	LARF		JE.	FFERY	J	Lost OHNS	ON		20. DATE KNO OF ES DEATH MA	OWN Mont	h Doy		2b. HOUR
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necessory, please execute the certificate, writing the word "pending" in pencil in Atem 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Exominer's Office olding with form 5 may be retained for your files. OFUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Diffeolith prior to burial, cremotion, or removal, and in any event within 72 hours after death.		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DROWNING									PROXIMATE II IEEN ONSET A				
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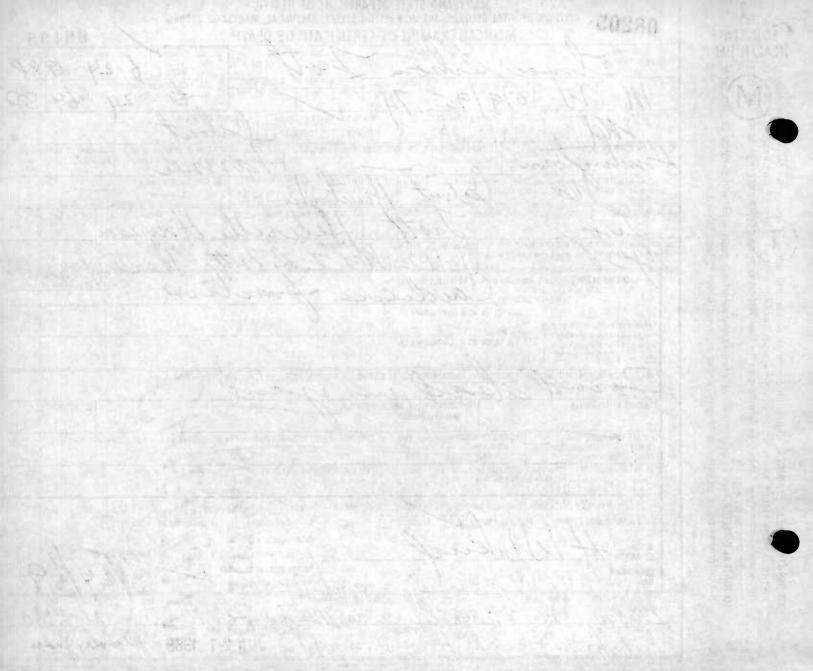


MARYLAND STATE DEPARTMENT OF HEALTH

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		08204	DIVISION OF VITAL RECORDS,			
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O HOSPI O FUNER O FUNER director,	23	o. BURIAL, CREMATION, 23b	DATE 23c. MAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
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ex f Md f Md sit p		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove	
d be Chie fron y ev		rise to immediate couse (a). (b)	
ertificate should be executed writing the word "pending" in warded to the Chief Medical E. sed os o burial-tronsit permit. Foval, and in ony event within		stoting the underlying cause DUE TO, OK AS A CONSEQUENCE OF	
so bu		PART 2. OTHER SIGNIFICANT CONDUCTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifficate iting the arded to a o o large and and and		found Mars in naid	
uis certific te, writin forwards e used os removal,	CATIO	196. CONDITION 197. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
to a d	CERTIFICATION		YES NO
# P = 5		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	n 18.)
NER: certifi hould iles. should stion, o	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Tawn	County State
EXAMINER: cute the certing oge 4 should ryour files. Page 3 should I, cremotion,		WHILE AT WORK	Coonly Sidle
	150	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	ond in my opinion
ICAL E executor. Poged for CTOR: burial,	18	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner	
leose directo directo DIREC	33	CHIEF MEDICAL EXAMINER	
TY, pleose y, pleose retain (AL DIRE	100	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED /
PUT Sany WER		EXAMINER'S // FA / 16 / 1 5 0 0 0 DEPUTY MEDICAL EXAMINER	4/19
	-	NAME (Type) H. W. MARO Owings, Ind ADDRESS(Street, city, town, or county)	1/01
0 = = 0 = 0	230.	BUBHOL, CREMATION, 23b. DATE 23c. NAME OF CEMETER OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
m	24.	FUNERAL DIRECTOR / ADDRESS 250. REC'D PR REGISTRAR 256/ REGISTRAR'S SI	
VR A15ME (5) 10M REV. 1/68	9	tutching Juneral Home Owings, MA DATE JUN 27 1989 your	wees Juage



30 CONTRACTOR AND ASSESSMENT OF THE PARTY OF TH grea grea part conclude the terms Programme Transfer Control of the Co and the second of the second o Company of the contract of the STORES OF THE STORES STORES STORES STORES STORES